# Indiana Oral Health Coalition (IOHC) Minutes Friday, December 11, 2015 Hosted by the Indiana State Department of Health

Mission: The IOHC is a collective voice of individuals, groups, organizations, and businesses working together to promote, protect and provide for the oral health of the residents of Indiana.

#### **PRESENT:**

Leila Alter Karen Ellis Matthew Ranbarger

Robin Atkins Richard Martin John Roberts

Douglas Bush Ashley Miller Jeanette Sabir-Holloway

Diane BuyerJames MillerTonya StewartRonnie ColemanPatty MorrisNancy WardMichael CookMichelle NagelKaren Yoder

Lauren Edwards Elizabeth Ramos

#### **WELCOME**

Dr. Alter, Chair of the IOHC, opened the meeting at 10:08 a.m. Everyone was allowed to introduce themselves and the organization they represented.

#### **REVIEW MINUTES**

Dr. Alter asked if there were any corrections to the minutes from the last meeting; there were none. Dr. Alter asked for a motion and second to approve the minutes. A motion and second were offered and the Indiana Oral Health Coalition minutes from the September 11, 2015, meeting were approved as submitted by a unanimous voice vote.

#### **PRESENTATIONS**

## I. Little Kids Big Smiles Preschool Oral Health Program – Dr. Jeanette Sabir-Holloway, from Sonrisa Dental Practice

Dr. Sabir-Holloway is the director of a program called *Increasing Diversity in Dentistry* and she created the program several years ago to help eliminate disparity in health care and to help improve the number of minority under-representative students who are applying to and being accepted into dental school. Over the years they have been involved in several projects in collaboration with the university and the community. The program called *Little Kids*, *Big Smiles* began in August 2011 providing a preschool and after-school program for children 2-14 years old who live in the low-income and diverse areas of Marion County. According to Healthy People 2020 Oral Health, education level, income, race and ethnicity are factors that affect a person's ability to access oral health care. The child poverty rate in Marion County (1 in 5 people or 21.5%) is growing faster than not only the rate of Indiana but also the United States. Hispanics are far more affected by poverty at the highest rate of 42%, which exceeds

the state at 29% and the nation at 25%. African Americans are also disproportionately affected by poverty at 31%.

The *Little Kids*, *Big Smiles*' mission is to reduce disparities in access to effective preventive and dental treatment services; to increase awareness of the importance of oral health to overall health and wellbeing; and to increase knowledge of oral health.

Their program provides brushing and flossing instructions, information about the use of fluoride, healthy food choices, and nutrition. Every spring, the Colgate Screening Mobile provides dental screenings and at the end of every semester, fluoride varnish applications are provided for the children.

There was a question and answer session.

**II.** Recap of the 2015 National Network for Oral Health Access (NNOHA) – Dr. Tonya Stewart, Dental Director, Marion County Public Health Department (MCPHD) and Vice-Chair of the Indiana Oral Health Coalition (IOHC)

Dr. Stewart gave a recap of the events she attended during the 2015 National Network for Oral Health Access Conference formerly known as the National Primary Oral Health Conference that took place November 15-18, 2015, in Indianapolis. The four day conference included hands on training courses, in particular an oral surgery course that she especially enjoyed, as well as courses on integration of oral health and primary care. She found the NNOHA conference to be one where oral health leaders, providers, and the safety net clinic administration and leadership were a main focus and would benefit greatly from attending.

From courses she attended on integrating oral health and primary care, she learned of integrated care models where a dental provider works within the primary care setting providing oral health services or trained medical providers provide the services. In each model, the importance of good oral health to overall health is promoted. Dr. Stewart reported that the MCPHD plans to work with OBGYNs, pediatricians and other primary care providers to promote oral health within their exams by providing dental education, screenings and/or fluoride treatment. The MCPHD plans to work with the IU School of Dentistry on integrating oral health into Primary Care settings at a FQHC to promote oral health in the child and prenatal populations and then follow-up with these children and mothers to see what their health outcomes are within the next five years. She learned that medical providers may be slow to integrate dental services if not reimbursed. OMPP representatives noted that Indiana medical providers may be reimbursed for dental services in the coming year.

Another course she attended was about the basics in leading an oral health program and the importance of having non-dental leaders of safety-net clinics understand the practice of dentistry in a non-profit business as compared to private practice. A term she learned about was called "Churning" meaning that a provider limits services within a patient's appointment in order to generate more appointments, thus generating more income from the care of the patient and this is considered fraud. This was concerning to Dr. Stewart as to whether it applies to a non-profit dental clinic, such as the Marion County Public Health Dept.'s Dental Program, whose aim is to provide as much dental care to as many patients as is possible while staying within a set budget; it seems unfeasible for their providers to provide extensive care in one or two appointments and risk going over budget or not being able to serve other patients needing care. The MCPHD charges \$20 for children and prenatal women without insurance or Medicaid and \$40 for adults enrolled in Health

Advantage (formerly Wishard Advantage). They don't see non-prenatal adults with insurance or Medicaid and so cannot get reimbursed for the multiple services requirement as do FQHCs. This could harm their budget and ability to serve other patients if they are to do \$1500 worth of work for \$40.

There was much discussion about this and it was decided that a future speaker would be invited to clarify the difference between the Fee for Service (FFS), which are fees designated for individual services and is traditionally used by state Medicaid agencies, as oppose to the Prospective Payment System (PPS) that is a predetermined fixed amount and is the primary method of payment by FOHCs.

#### **OLD BUSINESS**

#### a. Brush!

Dr. Alter explained that the Brush! Program conducted an access study last year to create a dental directory of dentists who would accept Medicaid patients and those who would treat a one year old child. With help from the Indiana Dental Association and funding from the Indiana Society of Pediatric Dentistry, the Brush! Program conducted an email access survey of pediatric dentists and general dentists. They received a 30% response rate from the dentists. One goal of the access study was to create a dental directory that could be used for WIC, Early Head Start, Head Start and First Steps as a contact list to give to parents. Since the response rate was only 30% from the access email survey, phone contact was made with every general dentist and pediatric dentist listed in the IHCP provider list to create the dental directory. The results of this survey determined that three counties in Indiana do not have a Medicaid dental provider. There is an additional 14 counties that are not accepting new patients and refuse to treat one-year-old children. 46% of the general dentists will treat one year old children, 50% of dentists say they received pediatric dental training while attending dental school. 78% will treat a child with disabilities. 55% will take Medicaid patients and 82% of them will accept new patients. Only 40% of general dentists say children should be seen at age one. 42% of general dentists say children do not need to see the dentist until the age of three. There will be a CE course in the IDA's Foundation II CE book that will be geared to dental offices not seeing young children and a one page flyer has been developed for front office guidance on appropriate scripting that children should be seen by a dentist after the first tooth erupts or by age 1. Both WIC and Head Start programs have a copy of the Brush! dental directory for their use and will also be on the Brush website.

The Brush! Program has been implemented into 50% of the Head Start programs in the state.

Another initiative is having the Brush! Program integrated into the primary care setting. Dr. Alter has been approached by a medical insurance company looking at utilizing it in medical provider education for primary care.

- b. Tobacco Cessation Initiatives Dr. Alter explained that Anita Gaillard, Director of the Tobacco Program at the ISDH was unable to attend today's meeting. Dr. Alter reported that in 2014, there were 143 referrals to the Quitline from eight dental providers. Then in 2015, there were six referrals from only four dental providers. The Quitline is considering putting a webinar on their website for dentists to view in their own spare time.
- c. Drinks Destroy Teeth Update Dr. Buyer reported that the download count for the Drinks Destroy Teeth Update APP are around 600 for Apple and 200 for Android. She attended the school nurse convention to promote the APP. It is also being promoted through student teachers who use it in

- their curriculum. Dr. Buyer's primary focus will be speaking to dentists and other outreach programs with emails. It was suggested to her that many people are flooded with emails so it could be to her advantage to get the APP connected to several Facebook sites so people can get the information.
- d. Medicaid Update Dr. Alter reported that Medicaid Dental Advisory Panel met yesterday. Many of today's attendees were at the DAP meeting and Dr. Alter did not go into detail on the meeting. Medicaid has a Request for Proposal (RFP) currently out for the Healthy Indiana Plan (HIP 2.0) and Hoosier Healthwise with contracts being awarded in June 2016 with a January 1, 2017 implementation date. In the RFP, dental services will be carved in, which means that the medical managed care entity such as Anthem, MDwise, MHS will be subcontracting with a dental administrator.

### **NEW BUSINESS**

- a. Dr. Alter was contacted by Karlene Ketola, Secretary of the Michigan Oral Health Coalition, to see if the Indiana Oral Health Coalition would like to join the American Network of Oral Health Coalition (ANOHC). The ANOHC's website states they consist of statewide oral health coalitions that promote lifelong oral health by shaping policy, promoting prevention and educating the public. The website also states that the ANOHC exists to create a reliable place for state oral health coalitions to share information, ask questions, and leverage time and resources. Dr. Alter suggested the IOHC wait and get more familiar with the ANOHC before the IOHC members consider joining this organization due to the amount of time dedicated to Indiana initiatives
- b. Dr. Alter received an email from The Tooth Wisdom-Oral Health America about a potential partnership. She asked the members if they would like to pursue this partnership but no one seemed to know who they are, so Dr. Alter will find out more information about that group.
- c. Dr. Karen Yoder introduced Dr. Elizabeth D. Ramos, DDS, MSD to the IOHC members. Dr. Ramos is the Clinical Assistant Professor at the Department of Periodontics & Allied Dental Programs at the Indiana University School of Dentistry. She gave a brief description of her personal background.
- d. Dr. Buyer is in the process of creating an 18 minute video podcast about the Drinks Destroy Teeth that she would like to share with the dental hygiene school, dental assisting school, and the dental school.
- e. Dr. Miller reported that the Oral Health Program (OHP) is in the final stages of developing two online courses to be distributed using the IN-TRAIN system. This system is part of a larger system, *TrainingFinder Real-time Affiliate Integrated Network* (TRAIN), which is provided to the state of Indiana through the Public Health Foundation.

The first course entitled "Infection Control in Dental Facilities in Indiana" will provide general information about infection control for dental facilities in Indiana, and is designed to supplement, but not replace, required annual OSHA/IOSHA training in blood borne pathogens.

The second course entitled "Dentistry and Basic Non-Opioid Prescribing in Pain" will provide basic information on the use of NSAIDs to manage pain in dental patients. The development of this course was supported with funds from the Office of Women's Health at the Indiana State Department of Health.

The OHP plans for both of these courses to be available either at no charge or for a nominal fee. Each course is being designed to provide 3 hours continuing education credit upon successful completion. (It is the responsibility of a participant to determine if a given course is eligible for CE credit by the participant's governing authority.)

Both courses should be available in early 2016. You may check the OHP website periodically for course availability. The website address is <a href="https://www.in.gov/isdh/18695.htm">www.in.gov/isdh/18695.htm</a>.

There was some discussion.

The meeting adjourned at 12:10 p.m.

#### **Next IOHC Meeting**

March 11, 2016 @ 10:00 a.m. in 5T Conference Room, ISDH

#### **2016 IOHC Meetings**

June 10, 2016 @ 10:00 a.m. in 5T Conference Room, ISDH September 9, 2016 @ 10:00 a.m. in 5T Conference Room, ISDH December 9, 2016 @ 10:00 a.m. in 5T Conference Room, ISD